

AUTO CR - LOG SUMMARY #1055511

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that the involved officer responded to a complaint of a theft and upon arriving to the scene the subject threatened the officer and threw a hand power saw at him at which time the involved officer deployed his taser.	(None Entered)		

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	O CONNOR, BRIAN T	2383		006 /	SERGEANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
16-JUL-2012 11:23 - 16-JUL-2012 11:23		0624	006	290 - RESIDENCE	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	WALTON, ANTHONY N	6164		006 /	POLICE OFFICER	M	BLK		
NON-CPD	Victim/Subject						M	BLK		

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

Investigator History

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED AT C.O.P.A.	29-OCT-2012 11:47	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
ADMINISTRATIVELY CLOSED	29-OCT-2012 11:46	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	28-AUG-2012 08:56	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	28-AUG-2012 08:24	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	28-AUG-2012 08:24	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	28-AUG-2012 07:28	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	28-AUG-2012 07:25	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	28-AUG-2012 07:24	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	13-JUL-2012 03:58	NUFIO, OSCAR	INVESTIGATOR I COPA	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					NUFIO, OSCAR	13-JUL-2012 03:58			
	DOCUMENTS - INTAKE INCIDENT		1	X00-557561	N	TOUSANT, LISA	28-AUG-2012 08:24	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		5	██████████ Released without Charging admitted to ██████████	N	TOUSANT, LISA	28-AUG-2012 07:24	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	WALTON ANTHONY N 6164	N	TOUSANT, LISA	28-AUG-2012 07:19	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Walton	N	NUFIO, OSCAR	18-JUL-2012 07:38	DELETED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Walton	N	NUFIO, OSCAR	18-JUL-2012 07:38	DELETED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 13-JUL-2012) - LOG #1055511

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	O CONNOR, BRIAN T	2383		006 /	SERGEANT OF POLICE	M	WHI		

Incident Information

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16-JUL-2012 11:23 - 16-JUL-2012 11:23		0624	006	290 - RESIDENCE	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	13-JUL-2012 15:58	NUFIO, OSCAR	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED AT C.O.P.A.	29-OCT-2012 11:47	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
ADMINISTRATIVELY CLOSED	29-OCT-2012 11:46	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	28-AUG-2012 08:56	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	28-AUG-2012 08:24	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	28-AUG-2012 08:24	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	28-AUG-2012 07:28	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	28-AUG-2012 07:25	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	28-AUG-2012 07:24	TOUSANT, LISA	INTAKE AIDE	113 /	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
PRELIMINARY	13-JUL-2012 03:58	NUFIO, OSCAR	INVESTIGATOR I COPA	113 /	

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1 DATE OF INCIDENT 16-JUL-2012		TIME 11:15:00		2 ADDRESS OF OCCURRENCE [REDACTED]				3 LOCATION CODE 290		4 BEAT/OCCUR 0624			
	5 POSITION 9161		6 LAST NAME WALTON		7 FIRST NAME ANTHONY N		8 STAR NO 6164		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE BLK			
SUBJECT INFORMATION	14 DATE OF APPT 01-SEP-2010		15 EMPLOYEE NO [REDACTED]		16 UNIT & BEAT OF ASSIGNMENT 006 0631		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	20 LAST NAME [REDACTED]		21 FIRST NAME [REDACTED]		22 M I <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		23 SEX BLK		24 RACE [REDACTED]		25 D O B [REDACTED]			
	26 HT 601		27 WT 280		28 ADDRESS [REDACTED]		29 TELEPHONE NO [REDACTED]		30 WAS SUBJECT ARMED? VERBAL THREAT (ASSAULT) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31 SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	32 SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33 WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		34 BY WHOM? DR. WILLIAMS		35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36 CHARGES PLACED [REDACTED]		37 CB NO [REDACTED]			
REASON FOR USE OF FORCE (Check all that apply)	SUBJECT'S ACTIONS		MEMBER'S RESPONSE		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE	
					DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____	
WEAPON DISCHARGE INCIDENT	70 EVENT NO		71 R D NO		MEMBER PRESENCE <input type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER TASER DEPLOYMENT		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____	
					41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		42 INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS CLEAR			
					45 MAKE/MANUFACTURER		46 MODEL		47 BARREL LENGTH		48 CALIBER/GAUGE			
					49 TASER DART ID NO C3100YN6V		50 WEAPON SERIAL No (Include Letters) X00-557561		51 CHICAGO GUN REG NO		52 IL FIREARM OWNER ID NO		53 HANDGUN CERTIFICATE NO	
54 SPECIAL WEAPON CERTIFICATE NO		55 PROPERTY INVENTORY NO		56 TYPE OF AMMUNITION USED		57 NO OF WEAPONS DISCHARGED BY THIS MEMBER 1		58 TOTAL NO OF SHOTS MEMBER FIRED						
59 WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61 NO OF CARTRIDGES/SHOT SHELLS RELOADED		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		72 CASE INFO.						
63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO										
66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT												
68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)												
SIGNATURES	73 REPORTING MEMBER (Print Name) WALTON, ANTHONY N		STAR/EMPLOYEE NO 6164		SIGNATURE [REDACTED]		72 CASE INFO.							
	16-JUL-2012 13:27:25		[REDACTED]		[REDACTED]									
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below													
74 REVIEWING SUPERVISOR (Print Name) O CONNOR, BRIAN T		STAR NO 2383		SIGNATURE [REDACTED]		DATE REVIEWED 16-JUL-2012 13:32:29		72 CASE INFO.						
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]								

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☐ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO /CRNO _____ OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

SIGNATURE

DATE COMPLETED

TIME

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ SUPPLEMENTARY REPORT

☐ I O D REPORT

80 TOTAL TRR's THIS EVENT No

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M I) WALTON, ANTHONY N		<input checked="" type="checkbox"/> 1 INDOOR <input type="checkbox"/> 2 OUTDOOR	
STAR NO 6164		ADDRESS OF OCCURRENCE [REDACTED]	
POSITION POLICE OFFICER		CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
DATE OF APPOINTMENT 01-SEP-2010		LOCATION CODE 290-RESIDENCE	
EMPLOYEE NO [REDACTED]		BEAT OF OCCURRENCE 0624	
UNIT OF ASSIGNMENT 006		DATE OF OCCURRENCE 16-JUL-2012	
BEAT/CALL NO 0631		TIME 11:15:00	
SEX <input checked="" type="checkbox"/> 1 M <input type="checkbox"/> 2 F		DAY OF WEEK MONDAY	
RACE BLACK		NO. OF OFFICERS BATTERED <u>2</u>	
DOB [REDACTED]		WERE THERE ASSISTING UNITS ON SCENE? 1 <input checked="" type="checkbox"/> YES 2 <input type="checkbox"/> NO	
HEIGHT		IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? <u>6</u>	
WEIGHT			
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			
<input checked="" type="checkbox"/> 1 ON DUTY <input checked="" type="checkbox"/> A UNIFORM, PATROL DUTY <input type="checkbox"/> B UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C CITIZEN'S DRESS <input type="checkbox"/> D TACTICAL <input type="checkbox"/> E B I S UNIT <input type="checkbox"/> F SPECIAL EMPLOYMENT <input type="checkbox"/> G OTHER _____ <input type="checkbox"/> 2 OFF DUTY <input type="checkbox"/> 3 SPECIAL EMPLOYMENT <input type="checkbox"/> 4 SECONDARY / OTHER		WORKING <input checked="" type="checkbox"/> A ALONE <input type="checkbox"/> B WITH ONE PARTNER <input type="checkbox"/> C WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE <input checked="" type="checkbox"/> A SQUAD CAR <input type="checkbox"/> B FOOT <input type="checkbox"/> C BICYCLE <input type="checkbox"/> D APV/MOTORCYCLE <input type="checkbox"/> E SQUADROL <input type="checkbox"/> F OTHER _____	
TYPE OF ACTIVITY			
<input type="checkbox"/> A AMBUSH - NO WARNING <input type="checkbox"/> B TRAFFIC STOP/PURSUIT <input type="checkbox"/> C INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D DISTURBANCE - DOMESTIC <input type="checkbox"/> E DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G DISTURBANCE - OTHER <input type="checkbox"/> H MAN WITH A GUN <input checked="" type="checkbox"/> I PURSUING/ARRESTING OFFENDER (Specify) CHARGE <u>720 ILCS 5 0/12-2-A-16-AGG ASLT/POLICE/SHERIFF EMP</u> IUCR CODE <u>ASSAULT - AGGRAVATED PO OTHER DANG WEAP</u> <input type="checkbox"/> J PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K OTHER			
TYPE OF INJURY TO OFFICER			
<input type="checkbox"/> A FATAL <input type="checkbox"/> B NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D NONE APPARENT/NONE			
LIGHTING CONDITIONS AT INCIDENT			
<input type="checkbox"/> A DAYLIGHT <input type="checkbox"/> D DUSK <input type="checkbox"/> B NIGHT <input checked="" type="checkbox"/> E ARTIFICIAL LIGHT <input type="checkbox"/> C DAWN <input type="checkbox"/> 1 POOR <input checked="" type="checkbox"/> 2 GOOD			
WEATHER CONDITIONS			
<input checked="" type="checkbox"/> A CLEAR <input type="checkbox"/> D FOG / SMOKE / HAZE <input type="checkbox"/> G OTHER <input type="checkbox"/> B RAIN <input type="checkbox"/> E SLEET / HAIL <input type="checkbox"/> C SNOW <input type="checkbox"/> F SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE <u>90 °F</u>			
MANNER OF ATTACK			
<input type="checkbox"/> 01 SHOT <input type="checkbox"/> 02 SHOT AT <input type="checkbox"/> 03 STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04 STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05 OTHER (INCLUDING VERBAL THREATS)			
TYPE OF WEAPON/THREAT			
(Check all that apply) <input type="checkbox"/> A FIREARM CALIBER _____ <input type="checkbox"/> 1 REVOLVER <input type="checkbox"/> 2 SEMI-AUTOMATIC <input type="checkbox"/> 3 RIFLE <input type="checkbox"/> 4 SHOTGUN <input type="checkbox"/> B VEHICLE <input type="checkbox"/> 1 OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2 ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I BLUNT INSTRUMENT <input type="checkbox"/> D HANDS/FISTS <input type="checkbox"/> E FEET <input type="checkbox"/> F MOUTH (SPIT, BITE, ETC) <input checked="" type="checkbox"/> G VERBAL THREAT (ASSAULT) <input type="checkbox"/> H OTHER (SPECIFY) _____			
FIREARM USE INFORMATION (Check all that apply) <input type="checkbox"/> A OFFICER AT GUNPOINT <input type="checkbox"/> B OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON			
OFFENDER INFORMATION			
SEX <input checked="" type="checkbox"/> 1 M <input type="checkbox"/> 2 F		RACE BLACK	
DOB [REDACTED]		IR NO [REDACTED]	
CB NO [REDACTED]		WAS THE OFFENDER'S ACTIVITY DRUG RELATED? <input type="checkbox"/> 1 YES <input checked="" type="checkbox"/> 2 NO <input type="checkbox"/> 3 UNKNOWN	
GANG RELATED? <input type="checkbox"/> 1 YES <input checked="" type="checkbox"/> 2 NO <input type="checkbox"/> 3 UNKNOWN		NO. OF OFFENDERS PRESENT? <u>1</u>	

-

REPORTING MEMBER - SIGNATURE
WALTON, ANTHONY N

STAR NO
6164

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1 DATE OF INCIDENT 16-JUL-2012		TIME 11:15:00		2 ADDRESS OF OCCURRENCE [REDACTED]				3 LOCATION CODE 290		4 BEAT/OCCUR 0624	
	5 POSITION 9161		6 LAST NAME WALTON		7 FIRST NAME ANTHONY N		8 STAR NO 6164		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE BLK	
	11 AGE [REDACTED]		12 HT [REDACTED]		13 WT [REDACTED]		14 DATE OF APPT 01-SEP-2010		15 EMPLOYEE NO [REDACTED]		16 UNIT & BEAT OF ASSIGNMENT 006 0631	
	17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20 LAST NAME [REDACTED]		21 FIRST NAME [REDACTED]		22 M I <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	
SUBJECT INFORMATION	23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE BLK		25 D O B [REDACTED]		26 HT 601		27 WT 280		28 ADDRESS [REDACTED]	
	29 TELEPHONE NO [REDACTED]		30 WAS SUBJECT ARMED? VERBAL THREAT (ASSAULT) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				31 SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33 WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]	
	34 BY WHOM? DR. WILLIAMS		35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid				36 CHARGES PLACED [REDACTED]		37 CB NO [REDACTED]		IR NO [REDACTED]	
	38 DNA <input type="checkbox"/>		39 DNA <input type="checkbox"/>		40 DNA <input type="checkbox"/>		41 DNA <input type="checkbox"/>		42 DNA <input type="checkbox"/>		43 DNA <input type="checkbox"/>	
REASON FOR USE OF FORCE (Check all that apply)	SUBJECT'S ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE	
	MEMBER'S RESPONSE		DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input checked="" type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>	
	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>		OTHER _____	
	OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____	
WEAPON DISCHARGE INCIDENT	MEMBER PRESENCE		OPEN HAND STRIKE		ELBOW STRIKE		KNEE STRIKE		FIREARM		OTHER _____	
	VERBAL COMMANDS		TAKE DOWN / EMERGENCY HANDCUFFING		CLOSED HAND STRIKE/PUNCH		KICKS		OTHER _____		OTHER _____	
	ESCORT HOLDS		OC CHEMICAL WEAPON		IMPACT WEAPON (Describe in Box 40)		IMPACT MUNITION (Describe in Box 40)		OTHER _____		OTHER _____	
	WRISTLOCK		CANINE		OTHER TASER DEPLOYMENT		OTHER _____		OTHER _____		OTHER _____	
CASE INFO.	PRESSURE SENSITIVE AREAS		TASER (Probe Discharge) <input checked="" type="checkbox"/>		TASER (Contact Stun)		TASER (Laser Targeted)		TASER (Spark Displayed)		OTHER _____	
	CONTROL INSTRUMENT		TASER (Contact Stun)		TASER (Laser Targeted)		TASER (Spark Displayed)		OTHER _____		OTHER _____	
	OC/CHEMICAL WEAPON W/AUTHORIZATION		TASER (Contact Stun)		TASER (Laser Targeted)		TASER (Spark Displayed)		OTHER _____		OTHER _____	
	OTHER _____		TASER (Contact Stun)		TASER (Laser Targeted)		TASER (Spark Displayed)		OTHER _____		OTHER _____	
SIGNATURES	49 TASER DART ID NO C3100YN6V		50 WEAPON SERIAL No (Include Letters) X00-557561		51 CHICAGO GUN REG NO		52 IL FIREARM OWNER ID NO		53 HANDGUN CERTIFICATE NO		54 SPECIAL WEAPON CERTIFICATE NO	
	55 PROPERTY INVENTORY NO		56 TYPE OF AMMUNITION USED		57 NO OF WEAPONS DISCHARGED BY THIS MEMBER 1		58 TOTAL NO OF SHOTS MEMBER FIRED		59 WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	
	61 NO OF CARTRIDGES/ SHOT SHELLS RELOADED		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	
	67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT		68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		70 EVENT NO [REDACTED]		71 R D NO [REDACTED]		72	
SIGNATURES	NOTIFICATIONS (OC OR TASER INCIDENT) <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR		NOTIFICATIONS (FIREARM INCIDENT) <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT & W C /DIST OF OCCUR		OP COMMAND <input type="checkbox"/> DET DIV		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report		73 REPORTING MEMBER (Print Name) WALTON, ANTHONY N		STAR/EMPLOYEE NO 6164	
	74 REVIEWING SUPERVISOR (Print Name) O CONNOR, BRIAN T		STAR NO 2383		SIGNATURE [REDACTED]		DATE REVIEWED 16-JUL-2012 13:32:29		TIME 16-JUL-2012 13:32:29		76	
	75		76		77		78		79		80	
	81		82		83		84		85		86	

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject was at [REDACTED] for mental health evaluation

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The member's actions were in compliance with Department procedures and directives

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO _____ OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

MC CARTNEY, MICHELLE C

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

22-JUL-2012 08:34:34

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I O D REPORT

☐ CR INITIATION REPORT

80 TOTAL TRR's THIS EVENT No

2

ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11 420C(REV 6/30)

STATUS COMPLETED- RELEASE
W/O CHARGING

CB #: [REDACTED]

IR #:

YD #:

RD #:

EVENT #: [REDACTED]

ARREST REPORTING

Name: [REDACTED]
 Res: [REDACTED]
 None
 DOB: [REDACTED]
 AGE: 39 years
 POB: Illinois
 ARMED WITH Lethal Cutting Instrument

Beat: 624

Male
 Black
 6' 01"
 280 lbs
 Brown Eyes
 Black Hair
 Natural Hair Style
 Dark Brown
 Complexion

NO PICTURE
AVAILABLE

Arrest Date: 16 July 2012 11 20

TRR Completed? Yes

Total No Arrested: 1

Co-Arrests

Assoc Cases

Location: [REDACTED]

Beat: 624

DCFS Ward ? No

290 - Residence

Holding Facility: District 006 Lockup

Resisted Arrest? Yes

Dependent Children? No

Victim

Barr, Henry

1 Offense As Cited **720 ILCS 5.0/16-1-A-1**
 THEFT/UNAUTHORIZED CON/\$500
 Class A - Type M

2 Offense As Cited **720 ILCS 5.0/12-2-A-16**

AGG ASLT/POLICE/SHERIFF EMP
 Class A - Type M

3 Offense As Cited **720 ILCS 5.0/12-2-A-16**

AGG ASLT/POLICE/SHERIFF EMP
 Class A - Type M

4 Offense As Cited **720 ILCS 5.0/31-1-A**

RESIST/PC OFF/CORR EMP/FRFTR
 Class A - Type M

5 Offense As Cited **720 ILCS 5.0/31-1-A**

RESIST/PC OFF/CORR EMP/FRFTR
 Class A - Type M

State Of Illinois, P O Walker, T #15891

State Of Illinois, P O Walton, A #6164

State Of Illinois, P O Walker, T #15891

State Of Illinois, P O Walton, A #6164

IR #

CB #

ARREST REPORTING

RECOVERED
NARCOTICS

NO NARCOTICS RECOVERED

WARRANT

NO WARRANT IDENTIFIED

VICTIM AND COMPLAINANT

Name: [REDACTED]	Male	Injured? No	Deceased? No
	Black		
DOB: [REDACTED]		Hospitalized? No	
Age: 57 years		Treated and Released? No	
Comments:			

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, P.O. Walker, T. #15891	Female	Injured? No	Deceased? No
	Black		
DOB: [REDACTED]		Hospitalized? No	
Age: 34 years		Treated and Released? No	
Comments:			

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, P.O. Walton, A. #6164	Male	Injured? No	Deceased? No
	Black		
DOB: [REDACTED]		Hospitalized? No	
Age: 34 years		Treated and Released? No	
Comments:			

ARRESTEE
VEHICLE

NO ARRESTEE VEHICLE INFORMATION ENTERED

ARREST REPORTING

Confiscated Properties :

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

PROPERTIES INFORMATION FOR

NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

EVENT IN SUMMARY (VICTIM AND COMPLAINANT) RELATED TO R/OS THAT (OFFENDER) HAD TAKEN HIS POWER SAW WITHOUT PERMISSION AND REFUSED TO RETURN SAID PROPERTY. (VICTIM AND COMPLAINANT) AGREED TO SIGN COMPLAINTS FOR THEFT. AT WHICH TIME R/OS ATTEMPTED TO PLACE (OFFENDER) INTO CUSTODY. AS (OFFENDER) RESISTED BEING PLACED INTO CUSTODY, HE PULLED AWAY FROM R/OS AND STATED "I WILL BEAT YOUR ASS", AFTER BEING GIVEN NUMEROUS VERBAL COMMANDS AND DIRECTION. AFTER WHICH TIME (OFFENDER) THEN RAN INTO A NEARBY BEDROOM AND REACHED INTO THE CLOSET, GRABBED SAID POWER SAW, THREW IT IN THE DIRECTION OF P.O. WALKER #15891 (VICTIM AND COMPLAINANT) AND P.O. WALTON # 6164 (VICTIM AND COMPLAINANT)(NOT HITTING R/OS), AND THEN CHARGED AT R/OS BY RUNNING TOWARD R/OS IN A FORCEFUL MANNER, WHICH PLACED R/OS IN FEAR OF RECEIVING A BATTERY. P.O. WALTON # 6164 THEN DEPLOYED TASER. (OFFENDER) WAS THEN PLACED INTO CUSTODY. (OFFENDER) WAS INJURED BY TASER DEPLOYMENT AND RECEIVED A PUNCTURE WOUND TO THE RIGHT SIDE OF BRIDGE OF NOSE. (OFFENDER) WAS TRANSPORTED TO BY CFD AMBULANCE 57. (OFFENDER) WAS TREATED BY DR. WILLIAMS WHO RELEASED HIM FOR HIS INJURY. DUE TO THE MENTAL STATE OF (OFFENDER), HE WAS NOT CHARGED WITH SAID OFFENSES, BUT ADMITTED TO HOSPITAL INVOLUNTARILY FOR EVALUATION BASED ON DIAGNOSIS OF PARANOID SCHIZOPHRENIA.

INVENTORIES: POWER SAW EXPANDED TASER CARTRIDGE AND PROBE

Desired Court Date: 10 September 2012

Branch: 35-4 727 E 111TH ST - Room

Court Sgt Handle? No

Initial Court Date:

Branch: - Room

Docket #:

BOND INFORMATION NOT AVAILABLE

ATTESTING OFFICER:

I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.

Attesting Officer: #15891 WALKER, T 16 JUL 2012 15 00

ARRESTING OFFICER(S):

			Beat
1st Arresting Officer:	#6164	WALTON, A	0631
2nd Arresting Officer:	#15891	WALKER, T	0624

APPROVING SUPERVISOR:

ARREST PROCESSING REPORT

Holding Facility: District 006 Lockup

Received in Lockup:

Prints Taken:

Palprints Taken:

Photograph Taken:

Released from Lockup: 16 July 2012 15 26

Time Last Fed:

Time Called:

Phone#:

Cell #:

Transport Details : 1PO 0613 16-JUL-2012 11 40

VISUAL CHECK OF ARRESTEE

ARRESTEE QUESTIONNAIRE

RETURN TO HOLDING FACILITY COMMENTS:

QUESTIONNAIRE REMARKS:

LOCKUP KEEPER COMMENTS:

LOCKUP KEEPER PROCESSING

INTERVIEW LOG

NO INTERVIEWS LOGGED

VISITOR LOG

NO VISITORS LOGGED

ARREST PROCESSING REPORT

MOVEMENT LOG

MOVEMENT LOG INFORMATION NOT AVAILABLE

WC COMMENTS

Watch Commander Comments:

REL w/o CHARGING

arrestee admitted to jackson park for mental evaluation - unable to proceed with criminal charges

PROCESSING PERSONNEL

ARRESTEE PROCESSING PERSONNEL:

APPROVAL PERSONNEL:

Beat

Release w/o Charging Appvl : #878 MEDRANO, P J 16 JUL 2012 15 18



TASER Information

Serial # X00-557561
Model # X26
X26 Software Version 22
Dataport CD Version 17.9
Record Date Range 07/16/2012 - 07/16/2012
Computer Time Zone Central Standard Time *DST
Using Daylight Savings Time Yes

Downloaded By

Name Richard Bednarek
Dept CPD
Rank Sgt
Windows Version Windows XP
Report Generated 08/28/12 07:54:01 (local)

Recorded Firing Data

Seq	GMT Time	Local Time	Duration	Temp	Battery
0018	07/16/12 16:24:58	07/16/12 11:24:58	5	35	90

Recorded X26 Time Changes

Seq	GMT Time	Local Time	Change Type
0001	Incomplete Time Change Record		
0002	10/25/10 18:28:55	10/25/10 13:28:55	FROM
0003	10/25/10 18:28:56	10/25/10 13:28:56	TO
0004	01/01/00 00:02:47	12/31/99 18:02:47	FROM
0005	07/07/11 22:46:40	07/07/11 17:46:40	TO
0006	03/04/00 16:36:21	03/04/00 10:36:21	FROM
0007	09/09/11 15:30:27	09/09/11 10:30:27	TO
0008	01/25/00 18:22:40	01/25/00 12:22:40	FROM
0009	02/13/12 09:26:07	02/13/12 03:26:07	TO
0010	02/13/12 10:19:48	02/13/12 04:19:48	FROM
0011	02/13/12 10:19:51	02/13/12 04:19:51	TO
0012	02/13/12 10:22:13	02/13/12 04:22:13	FROM
0013	02/13/12 10:22:16	02/13/12 04:22:16	TO
0014	02/13/12 10:34:39	02/13/12 04:34:39	FROM
0015	02/13/12 10:35:11	02/13/12 04:35:11	TO
0016	01/01/00 00:56:57	12/31/99 18:56:57	FROM
0017	05/14/12 18:04:48	05/14/12 13:04:48	TO

End of Report.